



## Checklist for Therapeutic Use Exemption (TUE) Application:

### Renal Transplantation

*Prohibited Substances: Systemic glucocorticoids, EPO, diuretics, beta-blockers, hypoxia-inducible factor (HIF), proyl-hydroxylase inhibitors*



This Checklist is to guide the athlete and their physician on the requirements for a TUE application that will allow the TUE Committee to assess whether the relevant ISTUE Criteria are met.

Please note that the completed TUE application form alone is not sufficient; supporting documents MUST be provided.

A completed application and checklist **DO NOT** guarantee the granting of a TUE. Conversely, in some situations a legitimate application may not include every element on the checklist.

<input type="checkbox"/>	<b>TUE Application form</b> must include:	
	<input type="checkbox"/>	All sections completed in legible handwriting
	<input type="checkbox"/>	All information submitted in [language]
	<input type="checkbox"/>	A signature from the applying physician
	<input type="checkbox"/>	The Athlete's signature
<input type="checkbox"/>	<b>Medical report</b> should include details of:	
	<input type="checkbox"/>	Medical history: age at onset of symptoms, symptoms, diagnostic workup by treating physician
	<input type="checkbox"/>	History of declining renal function and associated evidence that criteria for renal transplantation have been met from or signed by nephrologist/renal physician. This may come from the family physician if endorsed by a nephrologist
	<input type="checkbox"/>	Surgical report of the transplantation signed by surgeon
	<input type="checkbox"/>	In case of graft impairment/dysfunction, evidence thereof from or signed by nephrologist/renal physician
	<input type="checkbox"/>	In case of cardiovascular complications: evidence of arterial hypertension or ischemic heart disease with therapeutic rationale for beta-blocker by treating physician/cardiologist
	<input type="checkbox"/>	Substance(s) prescribed (systemic glucocorticoids, EPO, diuretics, beta-blockers, Hypoxia-inducible factor (HIF) proyl-hydroxylase inhibitors are all prohibited) including dosage, frequency, administration route for every substance
<input type="checkbox"/>	<b>Diagnostic test results</b> should include copies of:	
	<input type="checkbox"/>	Laboratory tests documenting decline in renal function prior to transplantation; blood results testifying to anemia in case of EPO treatment
	<input type="checkbox"/>	Blood pressure readings; ECG, coronary CT, echocardiography, coronary angiography etc. as applicable in case of diuretic or beta-blocker treatment
<input type="checkbox"/>	<b>Additional information</b> included	
	<input type="checkbox"/>	As per ADO